PATENT APPLICATION FEE DETERMINATION RECORD

**Application or Docket Number** 

Effective October 1, 2000								<b>0</b> 9/731141					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS							Γ	RATE	FEE	.	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		8	ASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			∫& min	us 20=	•		Γ	X\$ 9=	,	OR	X\$18=		
INDEPENDENT CLAIMS			() minus 3 =					X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PI			RESENT					+135=	,	OR	+270=		
* If the difference in column 1 is			less than zero, enter "0" in column 2				<u></u>	TOTAL		OR	TOTAL	710.	
	C	LAIMS AS A (Column 1)	MENDED - PART II (Column 2)			(Column 3)	S	SMALL E	ENTITY	OR	OTHER SMALL	THAN	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 18	Minus	·· 2	0	= 0		X\$ 9=		OR	<del>\</del> X\$18=		
	Independent	· 2	Minus	***	CLAIN	<u> </u>		X40=		OR	X80=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		
								TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)	AD	UII, FEE			AUUII. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 20	Minus	2	0	= 0	1	X\$ 9=		OR	X\$18=		
	Independent	NTATION OF MU	Minus	***	3 CCLAIM	- 0		X40=		OR	X80=		
	rinoi Prese	IATATION OF IM	JETIPLE DEP	CIADEIAI	CLAIN			+135=		OR	+270=		
								TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
		.,,0	<b>,</b>		_								
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.20	Minus	2	0	= 0		X\$ 9=		OR	X\$18=		
	Independent	· 2	Minus	••• (	3	= ()	卜	X40=		OR	X80=		
<u> Ľ</u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							105			.070		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+135=		OR	+270=		
"If the entry in column 1 is less than the entry in column 2, write 0 in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE													
l .	The "Highest Nur	nher Previously Pa	id For (Total o	r Independ	lent) is th	e highest number	r found	in the app	propriate bo	x in co	lumn 1.		